

<i>SERFF Tracking Number:</i>	<i>SEPX-125858979</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Sentry Select Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$20</i>
<i>Company Tracking Number:</i>	<i>PR AR08503DOF01</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0019 Professional Errors & Omissions Liability</i>
<i>Product Name:</i>	<i>Independent Errors & Omissions Program (Dealer Ope</i>		
<i>Project Name/Number:</i>	<i>Adoption of ISO Designation CL-2007-OPR07/PR AR08503DOF01</i>		

Filing at a Glance

Company: Sentry Select Insurance Company		
Product Name: Independent Errors & Omissions Program (Dealer Ope	SERFF Tr Num: SEPX-125858979	State: Arkansas
TOI: 17.0 Other Liability - Claims Made/Occurrence	SERFF Status: Closed	State Tr Num: EFT \$20
Sub-TOI: 17.0019 Professional Errors & Omissions Liability	Co Tr Num: PR AR08503DOF01	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Edith Roberts
	Author: SPI SentryInsurancePC	Disposition Date: 10/17/2008
	Date Submitted: 10/15/2008	Disposition Status: Approved
Effective Date Requested (New): 01/01/2009		Effective Date (New):
Effective Date Requested (Renewal): 01/01/2009		Effective Date (Renewal):
State Filing Description:		

General Information

Project Name: Adoption of ISO Designation CL-2007-OPR07	Status of Filing in Domicile: Authorized
Project Number: PR AR08503DOF01	Domicile Status Comments:
Reference Organization: ISO	Reference Number: CL-2007-OPR07
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 10/17/2008	
State Status Changed: 10/17/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
We have an independent Errors & Omissions program and are not affiliated with ISO for this program. Therefore, ISO does not file on our behalf. As such, this filing is to inform your department that we wish to adopt ISO designation CL-2007-OPR07, which revises the following endorsements:	

SERFF Tracking Number: SEPX-125858979 State: Arkansas
Filing Company: Sentry Select Insurance Company State Tracking Number: EFT \$20
Company Tracking Number: PR AR08503DOF01
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability
Product Name: Independent Errors & Omissions Program (Dealer Ope
Project Name/Number: Adoption of ISO Designation CL-2007-OPR07/PR AR08503DOF01

- * IL 00 21 09 08 will replace the 07 02 edition date.
- * IL 01 99 09 08 will replace the 07 02 edition date.
- * IL 02 31 09 08 will replace the 09 07 edition date.

We wish to adopt these revisions for policies written on or after January 1, 2009.

Feel free to contact me with any questions.

Company and Contact

Filing Contact Information

Dan Zastava, Compliance and Development Sr. dan.zastava@sentry.com
Analyst

1800 North Point Drive (715) 346-8210 [Phone]
Stevens Point, WI 54481 (715) 346-6044[FAX]

Filing Company Information

Sentry Select Insurance Company CoCode: 21180 State of Domicile: Wisconsin
1800 North Point Drive Group Code: 169 Company Type:
Stevens Point, WI 54481 Group Name: Sentry Insurance State ID Number:
Group
(715) 346-6000 ext. [Phone] FEIN Number: 36-2674180

Filing Fees

Fee Required? Yes
Fee Amount: \$20.00
Retaliatory? No
Fee Explanation: Adoption of ISO designation CL-2007-OPR07.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Sentry Select Insurance Company	\$20.00	10/15/2008	23191377

SERFF Tracking Number: *SEPX-125858979* *State:* *Arkansas*
Filing Company: *Sentry Select Insurance Company* *State Tracking Number:* *EFT \$20*
Company Tracking Number: *PR AR08503DOF01*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0019 Professional Errors & Omissions Liability*
Product Name: *Independent Errors & Omissions Program (Dealer Ope*
Project Name/Number: *Adoption of ISO Designation CL-2007-OPR07/PR AR08503DOF01*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	10/17/2008	10/17/2008

<i>SERFF Tracking Number:</i>	<i>SEPX-125858979</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Sentry Select Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$20</i>
<i>Company Tracking Number:</i>	<i>PR AR08503DOF01</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0019 Professional Errors & Omissions Liability</i>
<i>Product Name:</i>	<i>Independent Errors & Omissions Program (Dealer Ope</i>		
<i>Project Name/Number:</i>	<i>Adoption of ISO Designation CL-2007-OPR07/PR AR08503DOF01</i>		

Disposition

Disposition Date: 10/17/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: SEPX-125858979 State: Arkansas

Filing Company: Sentry Select Insurance Company State Tracking Number: EFT \$20

Company Tracking Number: PR AR08503DOF01

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability

Product Name: Independent Errors & Omissions Program (Dealer Ope

Project Name/Number: Adoption of ISO Designation CL-2007-OPR07/PR AR08503DOF01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	AR - FORM FILING ABSTRACT F-1, AR - NAIC FORM FILING SCHEDULE	Approved	Yes
Form	NUCLEAR ENERGY LIABILITY EXCLUSION	Approved	Yes
Form	ARKANSAS CHANGES - TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US	Approved	Yes
Form	ARKANSAS CHANGES - CANCELLATION AND NONRENEWAL	Approved	Yes

SERFF Tracking Number: SEPX-125858979 State: Arkansas

Filing Company: Sentry Select Insurance Company State Tracking Number: EFT \$20

Company Tracking Number: PR AR08503DOF01

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability

Product Name: Independent Errors & Omissions Program (Dealer Ope

Project Name/Number: Adoption of ISO Designation CL-2007-OPR07/PR AR08503DOF01

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	NUCLEAR ENERGY LIABILITY EXCLUSION	IL 00 21	09/08	Endorsement/Amendment/Conditions	Replaced Form #:0.00 IL 00 21 Previous Filing #:		IL 00 21.PDF
Approved	ARKANSAS CHANGES - TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US	IL 01 99	09 08	Endorsement/Amendment/Conditions	Replaced Form #:0.00 IL 01 99 Previous Filing #:		IL 01 99.PDF
Approved	ARKANSAS CHANGES - CANCELLATION AND NONRENEWAL	IL 02 31	09 08	Endorsement/Amendment/Conditions	Replaced Form #:0.00 IL 02 31 Previous Filing #:		IL 02 31.PDF



NUCLEAR ENERGY LIABILITY EXCLUSION
ENDORSEMENT
(Broad Form)

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTOMOBILE COVERAGE PART
COMMERCIAL GENERAL LIABILITY COVERAGE PART
FARM COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
MEDICAL PROFESSIONAL LIABILITY COVERAGE PART
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART
POLLUTION LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
RAILROAD PROTECTIVE LIABILITY COVERAGE PART
UNDERGROUND STORAGE TANK POLICY
COMMERCIAL EXCESS/UMBRELLA LIABILITY COVERAGE PART

1. The insurance does not apply:

- A. Under any Liability Coverage, to "bodily injury" or "property damage":
- (1) With respect to which an "insured" under the policy is also an insured under a nuclear energy liability policy issued by Nuclear Energy Liability Insurance Association, Mutual Atomic Energy Liability Underwriters, Nuclear Insurance Association of Canada or any of their successors, or would be an insured under any such policy but for its termination upon exhaustion of its limit of liability; or
 - (2) Resulting from the "hazardous properties" of "nuclear material" and with respect to which (a) any person or organization is required to maintain financial protection pursuant to the Atomic Energy Act of 1954, or any law amendatory thereof, or (b) the "insured" is, or had this policy not been issued would be, entitled to indemnity from the United States of America, or any agency thereof, under any agreement entered into by the United States of America, or any agency thereof, with any person or organization.
- B. Under any Medical Payments coverage, to expenses incurred with respect to "bodily injury" resulting from the "hazardous properties" of "nuclear material" and arising out of the operation of a "nuclear facility" by any person or organization.
- C. Under any Liability Coverage, to "bodily injury" or "property damage" resulting from "hazardous properties" of "nuclear material", if:
- (1) The "nuclear material" (a) is at any "nuclear facility" owned by, or operated by or on behalf of, an "insured" or (b) has been discharged or dispersed therefrom;
 - (2) The "nuclear material" is contained in "spent fuel" or "waste" at any time possessed, handled, used, processed, stored, transported or disposed of, by or on behalf of an "insured"; or

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NUCLEAR ENERGY LIABILITY EXCLUSION
ENDORSEMENT
(Broad Form) - CONTINUED

- (3) The "bodily injury" or "property damage" arises out of the furnishing by an "insured" of services, materials, parts or equipment in connection with the planning, construction, maintenance, operation or use of any "nuclear facility", but if such facility is located within the United States of America, its territories or possessions or Canada, this exclusion (3) applies only to "property damage" to such "nuclear facility" and any property threat.

2. As used in this endorsement:

"Hazardous properties" includes radioactive, toxic or explosive properties.

"Nuclear material" means "source material", "special nuclear material" or "by-product material".

"Source material", "special nuclear material", and "by-product material" have the meanings given them in the Atomic Energy Act of 1954 or in any law amendatory thereof.

"Spent fuel" means any fuel element or fuel component, solid or liquid, which has been used or exposed to radiation in a "nuclear reactor".

"Waste" means any waste material (a) containing "by-product material" other than the tailings or wastes produced by the extraction or concentration of uranium or thorium from any ore processed primarily for its "source material" content, and (b) resulting from the operation by any person or organization of any "nuclear facility" included under the first two paragraphs of the definition of "nuclear facility".

"Nuclear facility" means:

- (a) Any "nuclear reactor";
- (b) Any equipment or device designed or used for (1) separating the isotopes of uranium or plutonium, (2) processing or utilizing "spent fuel", or (3) handling, processing or packaging "waste";
- (c) Any equipment or device used for the processing, fabricating or alloying of "special nuclear material" if at any time the total amount of such material in the custody of the "insured" at the premises where such equipment or device is located consists of or contains more than 25 grams of plutonium or uranium 233 or any combination thereof, or more than 250 grams of uranium 235;
- (d) Any structure, basin, excavation, premises or place prepared or used for the storage or disposal of "waste";

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NUCLEAR ENERGY LIABILITY EXCLUSION
ENDORSEMENT
(Broad Form) - CONTINUED

and includes the site on which any of the foregoing is located, all operations conducted on such site and all premises used for such operations.

"Nuclear reactor" means any apparatus designed or used to sustain nuclear fission in a self-supporting chain reaction or to contain a critical mass of fissionable material.

"Property damage" includes all forms of radioactive contamination of property.

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ARKANSAS CHANGES - TRANSFER OF RIGHTS OF
RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
COMMERCIAL LIABILITY UMBRELLA COVERAGE PART
FARM LIABILITY COVERAGE FORM
FARM UMBRELLA LIABILITY POLICY
LIQUOR LIABILITY COVERAGE PART
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART
POLLUTION LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
MEDICAL PROFESSIONAL LIABILITY
RAILROAD PROTECTIVE LIABILITY COVERAGE PART
UNDERGROUND STORAGE TANK POLICY

The following is added to the TRANSFER OF RIGHTS OF RECOVERY AGAINST
OTHERS TO US Condition:

We will be entitled to recovery only after the insured ("Insured") has
been fully compensated for the loss or damage sustained, including
expenses incurred in obtaining full compensation for the loss or damage.

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10-09-08
PAGE 001



ARKANSAS CHANGES - CANCELLATION
AND NONRENEWAL

This endorsement modifies insurance provided under the following:

CAPITAL ASSETS PROGRAM (OUTPUT POLICY) COVERAGE PART
COMMERCIAL AUTOMOBILE COVERAGE PART
COMMERCIAL GENERAL LIABILITY COVERAGE PART
COMMERCIAL INLAND MARINE COVERAGE PART
COMMERCIAL LIABILITY UMBRELLA COVERAGE PART
COMMERCIAL PROPERTY COVERAGE PART
CRIME AND FIDELITY COVERAGE PART
EMPLOYMENT-RELATED PRACTICES LIABILITY COVERAGE PART
EQUIPMENT BREAKDOWN COVERAGE PART
FARM COVERAGE PART
FARM UMBRELLA LIABILITY POLICY
LIQUOR LIABILITY COVERAGE PART
MEDICAL PROFESSIONAL LIABILITY COVERAGE PART
POLLUTION LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

- A. Paragraph 5. of the CANCELLATION Common Policy condition is replaced by the following:
- 5.a. If this policy is cancelled, we will send the first Named Insured any premium refund due.
- b. We will refund the pro rata unearned premium if the policy is:
- (1) Cancelled by us or at our request;
 - (2) Cancelled but rewritten with us or in our company group;
 - (3) Cancelled because you no longer have an insurable interest in the property or business operation that is the subject of this insurance; or
 - (4) Cancelled after the first year of a prepaid policy that was written for a term of more than one year.
- c. If the policy is cancelled at the request of the first Named Insured, other than a cancellation described in b.(2), (3) or (4) above, we will refund 90% of the pro rata unearned premium. However, the refund will be less than 90% of the pro rata unearned premium if the refund of such amount would reduce the premium retained by us to an amount less than the minimum premium for this policy.
- d. The cancellation will be effective even if we have not made or offered a refund.
- e. If the first Named Insured cancels the policy, we will retain no less than \$100 of the premium, subject to the following:
- (1) We will retain no less than \$250 of the premium for the Equipment Breakdown Coverage Part.

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ARKANSAS CHANGES - CANCELLATION
AND NONRENEWAL - CONTINUED

- (2) We will retain the premium developed for any annual policy period for the General Liability Classifications, if any, shown in the Declarations.
- (3) If the Commercial Auto Coverage Part covers only snowmobiles or golfmobiles, we will retain \$100 or the premium shown in the Declarations, whichever is greater.
- (4) If the Commercial Auto Coverage Part covers an "auto" with a mounted amusement device, we will retain the premium shown in the Declarations for the amusement device and not less than \$100 for the auto to which it is attached.

B. The following is added to the CANCELLATION Common Policy Condition:

7. CANCELLATION OF POLICIES IN EFFECT MORE THAN 60 DAYS

- a. If this policy has been in effect more than 60 days or is a renewal policy, we may cancel only for one or more of the following reasons:
 - (1) Nonpayment of premium;
 - (2) Fraud or material misrepresentation made by you or with your knowledge in obtaining the policy, continuing the policy or in presenting a claim under the policy;
 - (3) The occurrence of a material change in the risk which substantially increases any hazard insured against after policy issuance;
 - (4) Violation of any local fire, health, safety, building or construction regulation or ordinance with respect to any insured property or its occupancy which substantially increases any hazard insured against under the policy;
 - (5) Nonpayment of membership dues in those cases where our by-laws, agreements or other legal instruments require payment as a condition of the issuance and maintenance of the policy; or
 - (6) A material violation of a material provision of the policy.
- b. Subject to Paragraph 7.c., if we cancel for:
 - (1) Nonpayment of premium, we will mail or deliver written notice of cancellation, stating the reason for cancellation, to the first Named Insured and any lienholder or loss payee named in the policy at least 10 days before the effective date of cancellation.
 - (2) Any other reason, we will mail or deliver notice of cancellation to the first Named Insured and any lienholder or loss payee named in the policy at least 20 days before the effective date of cancellation.

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ARKANSAS CHANGES - CANCELLATION
AND NONRENEWAL - CONTINUED

- c. The following applies to the Farm Umbrella Liability Policy, Commercial Liability Umbrella Coverage Part and the Commercial Automobile Coverage Part:
- (1) If we cancel for nonpayment of premium, we will mail or deliver written notice of cancellation, stating the reason for cancellation, to the first Named Insured and any lienholder or loss payee named in the policy, and any lessee of whom we have received notification prior to the loss, at least 10 days before the effective date of cancellation;
 - (2) If we cancel for any other reason, we will mail or deliver notice of cancellation to the first Named Insured and any lienholder or loss payee named in the policy, and any lessee of whom we have received notification prior to the loss, at least 20 days before the effective date of cancellation.
- C. Paragraph g. of the MORTGAGEHOLDERS Condition, if any, is replaced by the following:
- g. If we elect not to renew this policy, we will give written notice to the mortgageholder:
 - (1) As soon as practicable if nonrenewal is due to the first Named Insured's failure to pay any premium required for renewal; or
 - (2) At least 60 days before the expiration date of this policy if we nonrenew for any other reason.
- D. The following Condition is added and supersedes any other provision to the contrary:

NONRENEWAL

- 1. If we decide not to renew this policy, we will mail to the first Named Insured shown in the Declarations, and to any lienholder or loss payee named in the policy, written notice of nonrenewal at least 60 days before:
 - a. Its expiration date; or
 - b. Its anniversary date, if it is a policy written for a term of more than one year and with no fixed expiration date.

However, we are not required to send this notice if nonrenewal is due to the first Named Insured's failure to pay any premium required for renewal.

The provisions of this Paragraph 1. do not apply to any mortgageholder.



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ARKANSAS CHANGES - CANCELLATION
AND NONRENEWAL - CONTINUED

2. We will mail our notice to the first Named Insured's mailing address last known to us. If notice is mailed, proof of mailing will be sufficient proof of notice.

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10-09-08
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<i>SERFF Tracking Number:</i>	<i>SEPX-125858979</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Sentry Select Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$20</i>
<i>Company Tracking Number:</i>	<i>PR AR08503DOF01</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0019 Professional Errors & Omissions Liability</i>
<i>Product Name:</i>	<i>Independent Errors & Omissions Program (Dealer Ope</i>		
<i>Project Name/Number:</i>	<i>Adoption of ISO Designation CL-2007-OPR07/PR AR08503DOF01</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: SEPX-125858979 State: Arkansas
Filing Company: Sentry Select Insurance Company State Tracking Number: EFT \$20
Company Tracking Number: PR AR08503DOF01
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0019 Professional Errors & Omissions Liability
Product Name: Independent Errors & Omissions Program (Dealer Ope
Project Name/Number: Adoption of ISO Designation CL-2007-OPR07/PR AR08503DOF01

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 10/17/2008

Comments:

Attachment:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

Satisfied -Name: AR - FORM FILING ABSTRACT F-
1, AR - NAIC FORM FILING
SCHEDULE **Review Status:** Approved 10/17/2008

Comments:

Attachments:

AR - FORM FILING ABSTRACT F-1.PDF

AR - NAIC FORM FILING SCHEDULE.PDF

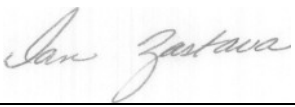
Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

3. Group Name	Sentry Insurance Group				Group NAIC #	169
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
Sentry Select Insurance Company	WI	21180	36-2674180			

5. Company Tracking Number	PR AR08503DOF01
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Dan Zastava 1800 North Point Drive Stevens Point WI 54481	Compliance and Development Analyst	715-346-6000 Ext. 8210	715-346-6044	dan.zastava@sentry.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Dan Zastava		

Filing Information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	17.0 Other Liability - Claims Made/Occurrence
10. Sub-Type of Insurance (Sub-TOI)	17.0019 Professional Errors & Omissions Liability
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12. Company Program Title (Marketing Title)	Independent Errors & Omissions Program (Dealer Operations)
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 1/1/09 Renewal: 1/1/09
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	ISO
17. Reference Organization # & Title	CL-2007-OPR07: Multistate Interline Forms Revision of Coverage Part References Approved in Arkansas.
18. Company's Date of Filing	10/15/08
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	PR AR08503DOF01
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

We have an independent Errors & Omissions program and are not affiliated with ISO for this program. Therefore, ISO does not file on our behalf. As such, this filing is to inform your department that we wish to adopt ISO designation CL-2007-OPR07, which revises the following endorsements:

- * IL 00 21 09 08 will replace the 07 02 edition date.
- * IL 01 99 09 08 will replace the 07 02 edition date.
- * IL 02 31 09 08 will replace the 09 07 edition date.

We wish to adopt these revisions for policies written on or after January 1, 2009.

Feel free to contact me with any questions.

22.	Filing Fees (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="margin-bottom: 10px;"> Check #: EFT Amount: \$20.00 Adoption of ISO designation CL-2007-OPR07. </div> <div style="border: 1px solid black; height: 150px; margin-top: 10px;"></div> <div style="margin-top: 10px;"> Refer to each state's checklist for additional state specific requirements or instructions on calculating fees. </div>	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

ARKANSAS INSURANCE DEPARTMENT

Form F-1
Rev. 4/96

FORM FILING ABSTRACT

ALL QUESTIONS MUST BE ANSWERED

Page 1 of 2

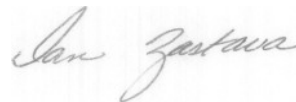
Companies filing for a group may use a consolidated abstract if all forms are identical.

1. Date Filed 10/15/08
2. Company Name(s) Sentry Select Insurance Company (Dealer Operations Program)
Group Name Sentry Insurance Group NAIC No. 21180 Group No. 169
3. (a) Annual Statement Line of Business Number (Page 14) 17
(b) Class of Business Other Liability
© Coverages Affected Professional Errors & Omissions Liability
4. (a) Name of Advisory Organization, if any ISO
(b) Affiliations with Advisory Organization: Member (☐) Subscriber (☒)
5. Is this a reference filing? Yes (☒) No (☐) If yes, please provide the following:
(a) Name of Advisory Organization (or Affiliated Company) ISO
(b) Date of Filing 9/10/08 (approval circular released by ISO)
© Filing Designation Number or Description CL-2007-OPR07

PROVIDE THE INFORMATION REQUESTED ON PAGE 2 OF THIS FORM

7. Has the form(s) been approved for use in your domiciliary state and/or other states?
Yes
8. Is the form filed in response to or due to legislation? If so, specify legislation.
No
9. Is the form in response to or due to recent court decisions? If so, give citation.
No

THIS INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.



Signature

Compliance/Development Analyst

Title

715-346-8210

Telephone Number

Page 2 of 2

Old Form No.	Proposed Effective Date of New Form	New Form No.	Title of the Form(s); also Indicate Withdrawals: Provide Synopsis of Coverage
IL 00 21 07 02	1/1/09	IL 00 21 09/08	NUCLEAR ENERGY LIABILITY EXCLUSION
IL 01 99 07 02	1/1/09	IL 01 99 09 08	ARKANSAS CHANGES - TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US
IL 02 31 09 07	1/1/09	IL 02 31 09 08	ARKANSAS CHANGES - CANCELLATION AND NONRENEWAL

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	PR AR08503DOF01
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	N/A
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	NUCLEAR ENERGY LIABILITY EXCLUSION	IL 00 21 09/08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IL 00 21 07 02	
02	ARKANSAS CHANGES - TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US	IL 01 99 09 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IL 01 99 07 02	
03	ARKANSAS CHANGES - CANCELLATION AND NONRENEWAL	IL 02 31 09 08	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	IL 02 31 09 07	
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		